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OF INTEREST TO CRIPPLED CHILDREN WORKERS

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The Bulletin on Current Literature is a monthly service of the National Society for Crippled Children to its affiliated societies and to its Institutional Membership, which consists of hospitals, homes, schools, service groups, social work organizations, state agencies interested in prevention, treatment, education, or vocational rehabilitation, kindred agencies working for crippled children and disabled adults, and interested lay and professional individuals.

References listed or digested in this Bulletin may be borrowed free of charge from the Bureau of Information of the National Society, and bibliographies of additional references, or loan package libraries of the references themselves, dealing with any subjects discussed in these articles, will be prepared and sent upon request.

We do not attempt to list or review here articles published in THE CRIPPLED CHILD Magazine or THE CRIPPLED CHILD BULLETIN, because all individuals and organizations receiving this Bulletin also receive these two periodicals and all other publications of the National Society as part of the privilege of their Membership.

Further information on the work of the Society, on the responsibilities and privileges of Institutional Membership, and on any other phases of work for crippled children will be sent upon request.

Lillian Dowdell
Librarian

ARTICLES OF GENERAL INTEREST

Hill, Norah. The Fourth World Conference of Workers for Cripples. News Letter, January, 1940. Pg. 4.

1939 Annual Report of the Maryland League for Crippled Children, Inc. 18 pages. (Printed in booklet form, illustrated.)

Power, F. Ray. Implications for vocational rehabilitation found in recent legislation concerning physical restoration. National Rehabilitation News, February, 1940. Vol. 5. No. 7. pg. 2

"The physical rehabilitation of handicapped adults at public expense is a unique service which West Virginia established in 1937. The West Virginia Public Assistance Law ... provides for the physical rehabilitation of handicapped adults over 18 years of age and their return to remunerative employment, (and) provides that only those persons who are receiving relief or who are eligible to receive relief may be rehabilitated. ...

"Within the period from February 1, 1937, to June 30, 1939, physical rehabilitation was provided for 3,420 persons. Twenty-six different kinds of physical handicaps were treated. ... (During this same period,) the Department expended a total of \$306,029.42 for adult physical rehabilitation. The amount of money was disbursed as follows: Surgery fees, \$123,365.98; Hospital fees, \$134,680.15; and Prosthetic appliances, \$47,983.29.

"The average cost per case was \$92.54. Of the 3,420 cases physically rehabilitated 2,664 cases, or 77.9 per cent of the total, were returned to employment. The number able to return to employment, but not employed, June 30, 1939, was 756, or 22.1 per cent of the total. The records show that 1,882, or 70.6 per cent of the persons rehabilitated were placed in private employment; 740, or 27.8 per cent with WPA; 15, or .6 per cent with NYA; and 27, or 1 per cent with CCC. Job finding was emphasized as an integral part of the program. ... Savings in general relief grants to the 2,664 cases returned to employment between February 1, 1939, and June 30, 1939, are estimated to be \$900,000, or a percentage saving over rehabilitation cost of 265 per cent. A total of \$100,000 is budgeted for this service for the fiscal year beginning July 1, 1939. ...

"From my experience as a supervisor of vocational rehabilitation service in a state where there has been a marked expansion of physical rehabilitation services, I am inclined to think that there are at least the following implications for vocational rehabilitation in these programs:

1. Fewer prosthetic appliances need to be purchased (from vocational rehabilitation funds)...
2. The new situation emphasizes the need of providing vocational rehabilitation services for a wider range of physically and vocationally handicapped persons. ...
3. The development of new services for the handicapped makes pressing the need for a clear interpretation of the program of vocational rehabilitation.
4. A new kind of vocational rehabilitation service is urgent for crippled children. There should be changes in our standards and policies which will permit certain services for children between 12 and 16 years of age. ...
5. The value of vocational rehabilitation is emphasized through the development of physical rehabilitation programs. New advocates are gained for our service. More cases are referred for help. ..."

Wight, Helen Scott. Survey of crippled children in Rochester, New York. The Physiotherapy Review, March-April, 1940. Vol. 20, No. 2, pg. 73.

"...Data on the number of cases and number of crippled children in Rochester were obtained from the thirteen publicly supported and twenty-four privately supported organizations helping crippled children. ... Eleven orthopedic specialists' records were consulted for information concerning private cases.

"... The privately supported organizations reported 224 cases now on hand and 516 cases within a year. The publicly supported organizations reported 518 cases at present and 720 cases within a year. ... Eliminating the duplications, there are approximately 700 crippled children in Rochester being helped by some organization or organizations. Most of these children reported are under 16 years of age, leaving a group of approximately 200 between 16 and 21 largely unreported. ... Adding the number of privately cared for children, approximately 150, the number of these three groups approximates very closely the proportion of ... three crippled children to every thousand of population. ...

"The consensus of opinion among physicians and hospitals and organizations dealing with crippled children is that there are practically no cases which are not yet found. As far as can be ascertained, there are no crippled children in Rochester of whom care has not been taken at least in some measure. ...

"There seems to be very little increase or decrease in numbers of crippled children in Rochester in the last five years. Bone tuberculosis and infantile paralysis are decreasing ..., but crippling conditions caused by accidents are increasing. ... One organization reported a decrease, two an increase (one of over 100 per cent), and thirty neither increase nor decrease. ...

"To give some idea of the value of the work done for crippled children in Rochester, a follow-up was made of ... 125 children who were in the orthopedic classes ... in 1928-29.... Of the 125 who were in grammar school in 1928-29, many are still in school, but only 13 of them are in School Number 5 (the orthopedic school). Fifty others are following a normal program in regular schools. ... In 1937 these children, approximately 15-23 years old, had followed a fairly normal course; 17 entered employment, not an extremely low proportion considering the number who are still in school.

"... There seems to be no close connection among the organizations caring for crippled children; hence, overlapping is bound to occur, and slighting of some individuals. Those most consistently overlooked are the group of children over 14 years of age, especially from 16 to 21, ... who do not come under the jurisdiction of the organizations which benefit the younger children. ... There seems to be a decided lack of vocational guidance for these children. They do not know the requirements of industry in terms of their particular disabilities and sometimes they are guided into some line of work which they are totally incapable of doing.

"Another group often overlooked is that made up of children of families of average economic status. It seems that at least as much of the available funds should be expended upon them as upon the poorest. ...

"In order to eliminate duplications and to distribute fairly the necessary help to each crippled child in Rochester, a clearing house should be formed. Its uses could be many, the most important of which would be the recording of individuals and of the help given them. Surveys could be made to study further the problem... and the focal point of greatest need. Organizations could be studied for the purpose of giving the most efficient benefits to the crippled children."

Wolf, R. F. Lee. Pennsylvania's physically handicapped - A comparative study of the physically handicapped in Pennsylvania as taken from the surveys of Allegheny, Philadelphia and Blair Counties. Bureau of Rehabilitation, Pennsylvania State Department of Labor and Industry, Harrisburg. February, 1940. 20 pages.

This study compares the findings of three distinct sets of data as gathered in three of Pennsylvania's foremost industrial centers. Most of the information was compiled by W. W. McMinn while he was enrolled in the Graduate School of the Pennsylvania State College.

Statistical tables show the sex, age, race, education, marital status, living conditions, number of dependents, citizenship, degree of handicap, causes of unemployment, origin and nature of disability, year of last employment, and length of employment of the handicapped individuals found in the surveys; types and numbers of agencies serving them in the respective counties; classifications of, and number of physically handicapped enrolled in, training centers; and the opportunities of employment for the various types of handicapped persons in two of the regions.

"The results of this study show that: ... The ratio of the handicapped is seven male to three female; Three-fourths of all handicapped individuals have not more than a ninth grade education; More than one-third were unemployed because of their handicap; More than half of the disabilities are a result of disease; ... Smaller firms were more ready to employ the handicapped than were larger ones; The orthopedic and deaf are most acceptable for employment (The study also includes the visually handicapped, cardiac, hard of hearing, and tubercular.); ... (and), Many business concerns are unfamiliar with the work of the Rehabilitation Bureau."

CRIPPLING CONDITIONS

Accident toll drops 1 per cent in 1939. Safety Education, March, 1940. Vol. 19, No. 7, pg. 300.

"The nation's 1939 accident cost totalled: Killed - 93,000; injured - 8,800,000; economic loss - \$3,300,000,000. ... The total of 8,800,000 persons injured in accidents last year was about 100,000 less than in 1938. ... Traffic accidents during 1939 resulted in approximately 1,150,000 non-fatal injuries, about 90,000 of which caused permanent disability."

These and other facts contained in this article are taken from the Preliminary 1940 Edition of "Accident Facts," which may be obtained from the National Safety Council at 10¢ a copy. The regular edition of "Accident Facts" will be issued early in June and will contain a complete analysis of 1939 accidents.

Compere, Edward L., M. D. Bone and joint tuberculosis. Hygeia, February, 1940 and March, 1940. Vol. 18, Nos. 2 and 3, pp. 122, 225.

"Although the problem of preventing bovine tuberculosis in the United States has now been solved and the incidence of crippling from all tuberculous infections has been reduced, there are still about 30,000 children in this country suffering from tuberculosis of the spine, hip or one of the joints of an arm or leg. ... A few of the 30,000 became infected by drinking milk from diseased cows; but all the rest, perhaps 29,000, were doomed to go through life with a limp or a hump back or to die from complications of the disease because of the ignorance, poverty or selfishness of some friend or relative who had pulmonary tuberculosis.

"Efforts have been made in some states to provide sufficient sanatorium facilities to care for all cases of active open pulmonary tuberculosis. ... This

isolation of the infected adult has decreased the number of child contacts and accounts for a further decline in incidence of bone and joint tuberculosis. ... The next step toward prevention of tuberculosis may be a more widespread and intensified effort toward early detection, compulsory isolation and segregation of all human beings with open pulmonary lesions. Such a program, rigidly enforced, would probably result in a marked reduction if not complete elimination of both bone and joint tuberculosis, as well as all other forms of the disease. ...

"Orthopedic surgeons of the United States, while for the most part convinced of the value of surgery as an adjunct in the treatment of bone and joint disease, are fully aware that surgery alone cannot cure tuberculosis. Among others, Rollier in Switzerland and LaGrasso in the United States, have demonstrated the healing properties of rest, sunshine, fresh air and good food. ... Orthopedic surgeons throughout the world agree that the treatment of the disease of bone and joint tuberculosis must include maximum rest for the diseased part. Motion in the tuberculous joint keeps the disease stirred up. ... It has been shown that absolute immobilization (rendering a joint completely immovable) is effective and can be accomplished by surgery. ...

"Sanatoriums or convalescent homes afford the best type of place for children recovering from tuberculosis of the spine. Young children may be kept splinted on special frames or plaster beds for a period of months to a year before operation and in most instances from nine months to a year after operation. After this period of complete rest, a light back brace or body cast is worn for six months to a year, during which time the child is kept under observation. Frequent tests and examinations are conducted. ...

"There is danger in deferring operation indefinitely. Patients who are seen at an early stage of the disease before their general health has been undermined may be found to lose ground steadily, even though given the best of additional treatment. They may develop abscesses and openings discharging tuberculous pus. Permanent damage to the liver or kidneys may follow. In these cases, the local lesion may heal, but because of the gradual failure of the secondarily damaged kidneys or other vital organs, death may ensue within a few months."

De Kruif, Paul. Activities in the field of virus research. National Foundation for Infantile Paralysis, Inc., 120 Broadway, New York City. 1939. 30 pages.

Miller, Melba M. Spasticity. Journal of Exceptional Children, March, 1940. Vol. 6, No. 6, pg. 203.

This is a study of the cerebral palsies - their incidence, history, causes, symptoms, types, and treatment, with particular attention to spasticity. It describes the various past and present schools of thought and attitudes with regard to causes, accompanying mental deficiency, and principles of treatment.

Notifiable diseases in the United States, 1938. Public Health Reports, March 8, 1940. Vol. 55, No. 10. pg. 423.

The following statistics on poliomyelitis are taken from this article, which summarizes for several important communicable diseases the compilations given in the recently published Supplement to the Public Health Reports entitled, "The Notifiable Diseases - Prevalence in States, 1938."

47 States and District of Columbia:

Cases reported, 1938	1,705
Estimated expectancy based on years 1931-37	4,553
Cases per 1,000 inhabitants, 1938	0.013

Cases per 1,000 inhabitants, estimated expectancy	0.036
Deaths registered, 1938	478
Deaths per 1,000 inhabitants, 1938	0.004
Cases reported for each death registered, 1938	3.567

48 States and District of Columbia:

Deaths registered, 1938	478
Deaths per 1,000 inhabitants, 1938	0.004

E D U C A T I O N

Davies, Faith Arnold. Homebound. The Junior League Magazine, March, 1940. Vol. 26, No. 7, pg. 46.

"There has been a homebound school in Lincoln for ten years. In the last few years the enrollment has grown to such proportions that one full-time teacher has been trying to instruct thirty shut-in children - boys and girls ranging from first grade to seniors in high school. That necessitated, of course, going to thirty different homes during the week. The school budget couldn't be stretched a dollar for another teacher, or even for a part-time assistant. So the School Board appealed to the Junior League for volunteers."

The author, one of the Junior League members who responded to this plea, has been teaching homebound children for the past several years, and tells of her experiences and accomplishments in this work. She stresses the satisfaction and pleasure the work has given her.

Martin, Lewis C. Shall we segregate our handicapped? Journal of Exceptional Children, March, 1940. Vol. 6, No. 6, pg. 223.

This article is to be digested in the April, 1940, issue of THE CRIPPLED CHILD BULLETIN.

Physically below-par child, The - Changing concepts regarding his care and education (Report of the Committee on the Care and Education of Below-Par Children.) National Tuberculosis Association, 50 West 50th St., New York. 1940. 20 pages.

The following quotations are taken from a review of this pamphlet given in the January, 1940, BULLETIN of the National Tuberculosis Association, page 3:

"Open air classes, the outgrowth of tuberculosis treatment of thirty years ago, were established not only for children who had been exposed to an active case of tuberculosis, but also for children underweight, i.e. 'malnourished'. ... These two groups of children were both termed 'pre-tuberculous'. Today it is known that no child, regardless of how underweight or malnourished he is, will develop tuberculosis unless the tubercle bacilli enter his body. ... A school child who has a positive tuberculin reaction, but whose X-ray reveals nothing abnormal, who is apparently in good health, and who ... is found not to be in contact with an open case of tuberculosis, usually does not need special care."

"The abandonment of open air classes as they are now conducted in many states and cities is advocated in the report. The physically below-par child should have a lightened program but attend regular classes, and the rest period and supplementary feeding should be adapted to the needs of the individual child. The proven features of these classes should be extended into the regular curriculum so that all children may benefit."

"The lasting contribution of such classes is that they have shown that the school regime can be adapted to meet the needs of the below-par child."

("The report is concerned chiefly with the so-called 'malnourished' children. Children with definite physical handicaps present problems beyond the scope of the report.")

Van Dusen, Clarence R. Public school speech clinic rooms, equipment and supplies. Journal of Exceptional Children, March, 1940. Vol. 6, No. 6, pg. 226.

"When a new speech center or clinic is established, one of the first questions asked is in regard to space and equipment. The purpose of this report is to give detailed information on the most desirable location, size of room, and nature of special equipment and supplies necessary for use with pupils with defective speech and voice."

HOSPITALIZATION

Institutional care of the chronically ill - A report of the Joint Committee on Hospital Care of American Hospital Association and American Public Welfare Association. American Public Welfare Association, 1313 East Sixtieth St., Chicago. January, 1940. 14 pages. 15¢.

Kaiser, Helen. Occupational therapy in a general hospital with orthopedic cases from the physical therapy point of view. Occupational Therapy and Rehabilitation, February, 1940. Vol. 19, No. 1, pg. 1.

This article describes the growth of the occupational therapy department of the Mt. Sinai Hospital, Cleveland, Ohio, of which the author is Chief Physiotherapist, and includes brief statistics on the treatments given and number of patients treated during each year since it was started. A few suggestions are given in regard to the correlation of work and the division of the work between the physiotherapist and the occupational therapist.

Fractures take first place among the diagnoses of the cases treated in the Mt. Sinai occupational therapy department, Erb's or obstetrical palsy, second, and arthritis, cerebral palsy, and muscle transplant tie for third. Then, in succession, come arthroplasties, nerve injuries, contractions, amputations, and mental health cases.

"Limited as our work has necessarily been in our small department, occupational therapy has proved its worth to me beyond a shadow of doubt. Convalescent and rehabilitation periods have been noticeably shortened. ... With the coming of occupational therapy, the work habits of our patients have been retained or more quickly re-established than was previously the case. This is particularly noticeable in the large group of industrial cases we have. ...

"Occupational therapy has lent variety and creative stimulation to our program of rehabilitation and has been a factor in providing a longer treatment with less fatigue than would otherwise be possible, for as you know, the best physiotherapist in the world cannot make elbow flexion and extension an interesting performance forever, and after the first few weeks she would make very poor competition indeed with even the poorest occupational therapist fortified with a loom where a patient can see his handiwork grow as well as his flexion and extension increase."

Rehabilitation of persons injured by accidents, The. News Letter, January, 1940.
pg. 2.

A review of the Final Report of the British Medical Association's Interdepartmental Committee on the Rehabilitation of Persons Injured by Accidents, published in 1939 - "a lengthy and valuable document which contains considerable criticism of the present organization of the treatment of injuries, ... a document which should be studied by everyone who is concerned with hospital management, and preserved until he is satisfied that his hospital is fulfilling its proper function in the treatment of injuries."

Both the original report and this review deal mainly with adult fracture cases and emphasize the importance of fracture clinics and the necessity of some facilities, such as hospital workshops and gymnasia, to help in the restoration of function through "actual use of the damaged limb, if possible under conditions which distract the attention from the disability."

Publications

Hygeia, American Medical Association, 535 N. Dearborn St., Chicago. Monthly.
\$2.50 per year, 25¢ per copy.

Journal of Exceptional Children, 1235 W. Michigan Ave., Lansing, Michigan.
Monthly, October to May, inclusive. 30¢ per copy.

The Junior League Magazine, Waldorf-Astoria, 305 Park Avenue, New York. Monthly.
except July and August. \$2.50 per year, 30¢ per copy.

National Rehabilitation News, 305 State Office Bldg., Madison, Wis. Bimonthly.
\$1.00 per year, 15¢ per copy.

News Letter, Central Council for the Care of Cripples, 34, Eccleston Square,
London, S. W. 1., England. Quarterly. Price per copy, 2d.

Occupational Therapy and Rehabilitation, Williams & Wilkins Co., Mt. Royal and
Guilford Aves., Baltimore, Md. Bimonthly. \$5.00 per year, \$1.00 per copy.

The Physiotherapy Review, 737 N. Michigan Ave., Chicago. Bimonthly. \$2.50 per
year, 50¢ per copy.

Public Health Reports, U. S. Government Printing Office, Washington, D. C.
Weekly. \$2.50 per year, 5¢ per copy.

Safety Education, National Safety Council, 20 N. Wacker Drive, Chicago. Monthly
except June, July, and August. \$2.00 per year.